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Georgia Senate

SB 66 - Health Insurance - coverage for dental anesthesia, hospital charges

Walker, Charles W (22nd) Dean, Nathan (31st) Tate, Horacena (38th)

Status Summary SC: H&HS HC: Ins FR: 01/27/99 LA: 04/22/99 Signed by Governor

First Reader Summary

A bill to amend Article 1 of Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to the regulation of insurance generally, so as to provide for definitions; to provide that certain insurers, nonprofit health care plans, health maintenance organizations, and other related benefit providers shall be required to provide coverage for general anesthesia and associated hospital or ambulatory surgical facility charges in conjunction with dental care under certain circumstances.

Page Numbers: 1 2 3

Code Sections - 33-24-28.4

Recorded Votes

Vote # SV99-67 ADOPTION OF AMEND BY THE SENAT 2/09/99
 Vote # SV99-68 ADOPTION OF AMENDMENT BY THE S 2/09/99
 Vote # SV99-69 ADOPTION OF THE COMMITTEE SUBS 2/09/99
 Vote # SV99-70 PASSAGE BY SUBSTITUTE 2/09/99

Senate	Action	House
1/27/99	Read 1st time	2/10/99
2/4/99	Favorably Reported	3/16/99
Sub	Committee Amend/Sub	Sub
2/5/99	Read 2nd Time	2/11/99
2/9/99	Read 3rd Time	3/23/99
2/9/99	Passed/Adopted	3/23/99
CS/FA	Comm/Floor Amend/Sub	CS/FA
	Postponed	3/22/99*
3/24/99	Amend/Sub Agreed To	
3/30/99	Sent To Governor	
4/22/99	Signed by Governor	
288	Act/Veto Number	

Version by LC Number

LC 25 1205 As Introduced
 LC 25 1259S S - Read 2nd Time (Sub)
 LC 25 1411S H - Favorably Reported (CS/FA) (Sub)
 SB66/AP Amend/Sub Agreed To
 SB66/CSFA/3 S - Passed/Adopted (CS/FA)
 SB66/CSFA/3 H - Read 1st time (CS/FA)
 SB 66/HCSFA H - Passed/Adopted (CS/FA) (CS/FA)

SB 66 99

SB66/AP

SENATE BILL 66

By: Senators Walker of the 22nd, Stokes of the 43rd,
Dean of the 31st and others


A BILL TO BE ENTITLED
AN ACT

1- 1 To amend Article 1 of Chapter 24 of Title 33 of the Official
1- 2 Code of Georgia Annotated, relating to the regulation of
1- 3 insurance generally, so as to provide for definitions; to
1- 4 provide that certain insurers, nonprofit health care plans,
1- 5 health maintenance organizations, and other related benefit
1- 6 providers shall be required to make available coverage for
1- 7 general anesthesia and associated hospital or ambulatory
1- 8 surgical facility charges in conjunction with dental care
1- 9 under certain circumstances; to authorize certain insurers,
1-10 nonprofit health care plans, health maintenance
1-11 organizations, and other related benefit providers to
1-12 require prior authorization for coverage for general
1-13 anesthesia and associated hospital or ambulatory surgical
1-14 facility charges for dental care under certain
1-15 circumstances; to authorize certain insurers, nonprofit
1-16 health care plans, health maintenance organizations, and
1-17 other related benefit providers to restrict coverage for
1-18 general anesthesia and associated hospital and ambulatory
1-19 surgical facility charges to dental care that is provided by
1-20 certain dentists under certain circumstances; to provide for
1-21 applicability; to repeal conflicting laws; and for other
1-22 purposes.

1-23 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

1-24 SECTION 1.

1-25 Article 1 of Chapter 24 of Title 33 of the Official Code of
1-26 Georgia Annotated, relating to the regulation of insurance
1-27 generally, is amended by adding a new Code Section
1-28 33-24-28.4 to read as follows:

1-29 "33-24-28.4. 

1-30 (a) As used in this Code section, the term 'general
1-31 anesthesia' means the use of an anesthetic that is
1-32 complete and affects the entire body, causing loss of
1-33 consciousness when the anesthetic acts upon the brain.

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2- 1 Such anesthetics are usually administered intravenously or
2- 2 through inhalation.

2- 3 (b)(1) Any individual or group plan, policy, or contract
2- 4 for health care services which is issued, delivered,
2- 5 issued for delivery, or renewed in this state by a
2- 6 health care insurer, health maintenance organization,
2- 7 accident and sickness insurer, fraternal benefit
2- 8 society, nonprofit hospital service corporation,
2- 9 nonprofit medical service corporation, health care plan,
2-10 or any other person, firm, corporation, joint venture,
2-11 or other similar business entity that pays for,
2-12 purchases, or furnishes health care services to
2-13 patients, insureds, or beneficiaries in this state shall
2-14 be subject to the provisions of this Code section.

2-15 (2) Any entity listed in paragraph (1) of this
2-16 subsection and located or domiciled outside of this
2-17 state shall be subject to the provisions of this Code
2-18 section if it receives, processes, adjudicates, pays, or
2-19 denies any claim for health care services submitted by
2-20 or on behalf of any patient, insured, or other
2-21 beneficiary who resides or receives health care services
2-22 in this state.

2-23 (c) Any entity that provides a health care services plan,
2-24 policy, or contract subject to this Code section shall
2-25 provide coverage for general anesthesia and associated
2-26 hospital or ambulatory surgical facility charges in
2-27 conjunction with dental care provided to a person insured
2-28 or otherwise covered under such plan if such person is:

2-29 (1) Seven years of age or younger or is developmentally
2-30 disabled;

2-31 (2) An individual for which a successful result cannot
2-32 be expected from dental care provided under local
2-33 anesthesia because of a neurological or other medically
2-34 compromising condition of the insured; or

2-35 (3) An individual who has sustained extensive facial or
2-36 dental trauma, unless otherwise covered by workers'
2-37 compensation insurance.

2-38 (d) Any entity that provides a health care services plan,
2-39 policy, or contract subject to this Code section may
2-40 require prior authorization for general anesthesia and
2-41 associated hospital or ambulatory surgical facility
2-42 charges for dental care in the same manner that prior

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3- 1 authorization is required for such benefits in connection
3- 2 with other covered medical care.

3- 3 (e) Any entity that provides a health care services plan,
3- 4 policy, or contract subject to this Code section may
3- 5 restrict coverage under this Code section to include only

3- 6 procedures performed by:

3- 7 (1) A fully accredited specialist in pediatric dentistry
3- 8 or other dentist fully accredited in a recognized dental
3- 9 specialty for which hospital or ambulatory surgical
3-10 facility privileges are granted;

3-11 (2) A dentist who is certified by virtue of completion
3-12 of an accredited program of post-graduate training to be
3-13 granted hospital or ambulatory surgical facility
3-14 privileges; or

3-15 (3) A dentist who has not yet satisfied certification
3-16 requirements but has been granted hospital or ambulatory
3-17 surgical facility privileges.

3-18 (f) This Code section shall not apply to limited benefit
3-19 insurance policies as defined in paragraph (4) of
3-20 subsection (e) of Code Section 33-30-12."

3-21 SECTION 2.

3-22 This Act shall apply to all plans, policies, or contracts
3-23 issued, delivered, issued for delivery, or renewed in this
3-24 state on or after July 1, 1999.

3-25 SECTION 3.

3-26 All laws and parts of laws in conflict with this Act are
3-27 repealed.

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Secretary of the Senate
Frank Eldridge, Jr., Secretary
Last Updated on 05/05/99
